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CONFIRMATION NO. 9560

<b>SERIAL NUMBER</b> 09/724,953	<b>FILING OR 371(c) DATE</b> 11/28/2000 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> 15270J-005911US
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**APPLICANTS**  
 Dale B. Schenk, Burlingame, CA;

**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CON of 09/585,817 06/01/2000  
 which is a CIP of 09/580,015 05/26/2000 ABN

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 02/26/2001**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 16	<b>TOTAL CLAIMS</b> 25	<b>INDEPENDENT CLAIMS</b> 2
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Verified and Acknowledged  
 Examiner's Signature \_\_\_\_\_ Initials \_\_\_\_\_

**ADDRESS**  
 20350

**TITLE**  
 METHODS OF TREATMENT OF ALZHEIMER'S DISEASE

<b>FILING FEE RECEIVED</b> 1560	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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